08049

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Fairlee Creek Near Chestertown Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown R.D.Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Max Boyd# Ackerman

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 26.1919

8. AGE: Years 19 Months 7 Days 25 If less than one day hrs. min.

9. Birthplace Kent County Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER

12. Name Clarence Ackerman

13. Birthplace Michigan

MOTHER

14. Maiden name Mollie Pergande

15. Birthplace ~~Wisconsin~~ Michigan

16. Informant Mr Clarence Ackerman

Address Chestertown R.D. Md

17. Cremation (~~Burial~~, cremation, ~~or removal. Which?~~) Date thereof Aug 23, 1939 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore Maryland

18. Funeral director Marvin V. Williams

Address Chestertown Md.

19. Aug. 23, 1939. Alice K. Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug.20.1939 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend 19 to 19 and that I last saw him alive on Aug.19.1939 19

Immediate cause of death Accidental Drowning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of

Where did injury occur Near Chestertown Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Fairlee Creek

Means of injury Drowning Injured at work? no

23. SIGNATURE Frank Hines Medical Exam, Kent Co M. D. or other

Address Chestertown Md Date signed 8/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 20

08050

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Kent

(b) City or town Locust Grove md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ~

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~

(e) Length of stay in this community (yrs., mos., or days) 4 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Kent

(c) City or town Locust Grove (If outside city or town limits, write RURAL and give town)

(d) Street No. ~ (If rural give location)

(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Mary Jane Biester

3 (b) If veteran, name war ~

3 (c) Social Security No. ~

4. Sex Fem

5. Color or race W

6 (a) ~~Single,~~ married, widowed, or ~~divorced.~~ Widowed

6 (b) Name of husband or wife Henry Biester

6. (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Jan 5 1853

8. AGE: Years 86 | Months 6 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ~

FATHER 12. Name John White

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Catharine Johnson

MOTHER 15. Birthplace Ireland.

16 (a) Informant Leah Young.

(b) Address 1805 McHenry Baltimore md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 14 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Greenwood Pa.

Location Baltimore Old Church Lane

18 (a) Funeral director B R Fellows.

(b) Address Still Pond md.

19 (a) Aug 10 1939 (Date rec'd by registrar) (b) M Clark Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 10 1939 at 10.40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1939, to Aug 10 1939 and that I last saw he alive on Aug 8 1939 date

Immediate cause of death	Cerebral Hemorrage	Duration
Due to	Heart.	
Due to		
Other conditions	Old age	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ~

(b) Date of occurrence ~

(c) Where did injury occur? ~ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ~ (Specify type of place) While at work? ~

(e) Means of injury ~

23. Signature James W. Urie M. D. or other

Address Kennedyville Date signed Aug 10 39

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50) Reg. Dist. No. 201

CERTIFICATE OF DEATH

08051

1. PLACE OF DEATH:
(a) County Kent
(b) City or town Betterton, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Kent
(c) City or town Betterton and
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lucile Bowman

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ Married

6 (b) Name of husband or ~~wife~~ James Alpheus Bowman
6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Mar 5 1884

8. AGE: Years 50 | Months 5 | Days 10 | If less than one day — hr. — min.

9. Birthplace Betterton Md
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business —

FATHER
12. Name Thomas T. B. T. Brice
13. Birthplace Maryland.

MOTHER
14. Maiden Name Araminta Brandle
15. Birthplace Maryland.

16 (a) Informant James A. Bowman
(b) Address Betterton Md

17 (a) Still Pond (Burial, cremation, or removal) (b) Date thereof Aug 23 1939 (month) (day) (year)
(c) Cemetery or crematory Still Pond Md
Location Still Pond

18 (a) Funeral director B. K. Fellows
(b) Address Still Pond Md

19 (a) Aug 23 1939 (Date rec'd by registrar) (b) J. Wm. Clark Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 21 1939, at 12.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Aug 21 1939, that I last saw him alive on Aug 21 1939.

Immediate cause of death	Duration
Internal Hemorrhage	
Due to Cancer of Breast.	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature L. P. Atwell M. D. or other
Address Still Pond Date signed Aug 23 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Authorization to change date of birth see letter filed under Atwell in permanent file. 11/4/39

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OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

08052

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: 327 Calvert St (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chestertown Md, Kent & Queen Ann Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days): 17 yrs. 1 - 23

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 327 Calvert St Chestertn
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Eliz Broadway

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 11 1922

8. AGE:

Years	Months	Days	If less than one day
17	1	23	hrs. min.

9. Birthplace: Chestertown Kent Co. Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: home

FATHER
12. Name: Joseph Broadway
13. Birthplace: Chestertown Kent Co Md.

MOTHER
14. Maiden name: Susie Brown
15. Birthplace: Chestertown Kent Co Md.

16. Informant: Sara E. Broadway
Address: 138 Prospect St. Chestertown

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/6/39 (month) (day) (year)

Cemetery or crematory: Chestertown Cem. (Col.)

Location: Nr Chestertown (Quaker Neck Road.)

18. Funeral director: Marvin L. Williams

Address: Chestertown Maryland.

19. Aug 6, 1939 (Date rec'd by registrar) Alice C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-3 1939, at 11 45/a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-31 1939 to 8-3 1939, and that I last saw h w alive on 8-3 1939.

Immediate cause of death	DURATION
Sabar Pneumonia	2 weeks
Due to Type VI pneumococcus.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert W. Farr M. D. or other

Address: Chestertown, Md. Date signed: 8-4-39

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SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

08053

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Mont
City or town Chestertown md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Cann

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife none

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1939

8. AGE:

Years	Months	Days	If less than one day
0	0	0	6 hrs. ——— min.

9. Birthplace Chestertown md
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name George W. Cann
13. Birthplace Kent Co md

MOTHER
14. Maiden name Clara Bell Hammond
15. Birthplace Kent Co md

16. Informant Geo W. Cann
Address Chestertown md

17. ——— Date thereof ———
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory
Location

18. Funeral director
Address

19. Aug 3 1939 Alice R. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1939 at 1107 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1939 to Aug 3 1939
and that I last saw h alive on 19

Immediate cause of death Stillborn

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? none
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury none Injured at work?

23. SIGNATURE David F. McMullen Jr. M. D. Mont Co
M. D. or Coroner
Address Chestertown md Date signed Aug 3/39

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SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08054

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (92F)

County Kent Registration Dist. No. 203

Village or City Rock Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie R. Carter If U. S. Veteran, specify WAR

(a) Residence: No. Rock Hall St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Merrickton Carter

6. DATE OF BIRTH (month, day, and year) April 10 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rock Hall (State or country) Md

FATHER

13. NAME Herman Jacobs

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Minnie Kinsnick

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Daughter Blanche Hopkins (Address) Rock Hall.

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapel Date Aug 24, 1939

19. UNDERTAKER Wm. H. Griffith (Address) Church Hill.

20. FILED Aug 21 1939 Mrs. T. B. Spurdny Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 21, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attandad dacaasad from August 3, 1939, to August 21, 1939

I last saw her alive on Aug 21, 1939; daath is said to have occurred on the data stated abova, at 10:20 A.m.

The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca wara as follows:

	Data of onset
Cerebral Hemorrhage	
Hypertension	
Chronic Endo-Myocarditis	
Kidney disease	
Other Contributory Causes of importance:	

Nama of oparation — Data of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? — Date of Injury — , 19—

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, spacify —

(Signed) Albert G. Burgard M. D.

(Address) Rock Hall, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 1 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08055

1. PLACE OF DEATH

County Kent Registration Dist. No. 202

Village or City Chestertown Kent No. 1 Queen Ann Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 15 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Lester M. Carter

(a) Residence: No. Worton, Md St., Ward. Kent Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Rachael Carter

6. DATE OF BIRTH (month, day, and year) Aug. 20, 1939

7. AGE: Years 56 | Months 6 | Days 28 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worton, Kent Co., Md

FATHER

13. NAME John Carter

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Sally Dwyer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Hospital records Chestertown, Md

18. BURIAL, CREMATION, OR REMOVAL Place Still Pond Cem Date Aug 22, 1939

19. UNDERTAKER (Address) Marvin L. Williams Chestertown, Maryland

20. FILED Aug. 21, 1939 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1939, to Aug 20, 1939. I last saw him alive on Aug. 5, 1939; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cholecystitis	4-1-38
Peritonitis	8-15-39
Paralytic ileus	8-13-39

Other Contributory Causes of importance:

Name of operation Cholecystectomy Date of 8-11-39

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. C. Wick M. D.

(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08056

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall R. R. #2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rock Hall

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 61 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Nathan Collison

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E. Collison

6(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): March 31 1878

8. AGE: Years: 61 Months: 4 Days: 8 If less than one day: hrs. min.

9. Birthplace: Rock Hall Maryland
(Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business: Fishing & Crabing

FATHER
12. Name: John M. Collison
13. Birthplace: Penn.

MOTHER
14. Maiden name: Henretta Davis
15. Birthplace: Kent Co. Maryland

16. Informant: Mrs. Mary E. Collison
Address: Rock Hall, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 11 39 (month) (day) (year)

Cemetery or crematory: Wesley Chapel

Location: Rock Hall, Maryland

18. Funeral director: Marion L. Williams

Address: Chestertown Md.

19. 39 Aug 8 1939 (Date rec'd by registrar) Mrs. T. B. Durding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8 1939, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-15 1937, to 8-8 1939, and that I last saw him alive on 8/8/39 1939.

	DURATION
Immediate cause of death: Congestive heart failure	5 months
Due to: Mitral insufficiency	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. Ruth W. Fare M. D. or other

Address: Chestertown, Md. Date signed: 8-7-39

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SEP 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(59)

CERTIFICATE OF DEATH

08057

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown (Millington #2)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Millington R.F.D. #2

(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Phoebe Cook

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 10 1869

8. AGE: Years: 70 Months: 1 Days: 3 If less than one day: hrs. min.

9. Birthplace: Caroline Co. Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Housekeeping

FATHER — 12. Name: James Thomas

FATHER — 13. Birthplace: Caroline Co. Md.

MOTHER — 14. Maiden name: Unknown

MOTHER — 15. Birthplace: "

16. Informant: Mrs Cora Johnson

Address: Millington R.F.D. #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 15, 39 (month) (day) (year)

Cemetery or crematory: Chestertown

Location: Chestertown Kent Co.

18. Funeral director: Marvin V. Williams

Address: Chestertown Md.

19. Aug. 15 1939 (Date rec'd by registrar) Hezekiah Brice Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13th 1939, at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1938, to Aug 12 1939, and that I last saw her alive on Aug 12 1939.

	DURATION
Immediate cause of death: Diabetes	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. P. Strong M.D. M. D. or other

Address: Millington, Md. Date signed 8-15-39

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 206

CERTIFICATE OF DEATH

08058

1. PLACE OF DEATH

(a) County Kent

(b) City or town Betterton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ~

(d) Length of stay in hospital or inst. (yrs., mos., or days) Yr

(e) Length of stay in this community (yrs., mos., or days) 64 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Kent

(c) City or town Betterton (If outside city or town limits, write RURAL and give town)

(d) Street No. ~ (If rural give location)

(e) If foreign born, how long in U. S. A.? ~ years

3 (a) **FULL NAME** James alexander Curry

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed~~, or divorced Married

6 (b) Name of ~~husband~~ or wife Violet Curry

6. (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Sept 25 1880

8. **AGE:** Years 58 | Months 11 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Cecil County (Town, county, and state)

10. Usual occupation retired

11. Industry or business Captain Boat

FATHER 12. Name John Amos Curry

13. Birthplace Cecil Co

MOTHER 14. Maiden Name Sarah Robinson

15. Birthplace Cecil Co

16 (a) Informant Violet Curry

(b) Address Betterton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Bethel

Location Cecil Co Md

18 (a) Funeral director B R Fallows

(b) Address Still Pond Md

19 (a) Aug 15-39 (Date rec'd by registrar) (b) J M Clark Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 12 1939 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 39 ~~Aug 12 39~~, to Aug 12 1939, and that I last saw him alive on Aug 12 1939.

Immediate cause of death	Duration
Chronic Brights	2
Due to	1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** H G Crumpton M.D. (M. D. or other)

Address Chestertown Date signed 8-14-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08059

1. PLACE OF DEATH (178)

County Kent — Registration Dist. No. 202

Village or City Chestertown — No. Kent & Upper Queen Anne's Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. 5 mos. 30 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Frisby — If U.S. Veteran specify WAR

(a) Residence: No. Chestertown St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 31, 1926

7. AGE: Years 13 — Months 5 — Days 30 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School boy

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chestertown (State or country) Md

FATHER

13. NAME Charles Frisby

14. BIRTHPLACE (city or town) Chestertown (State or country) Md

MOTHER

15. MAIDEN NAME ~~Rebecca~~ Rebecca Goldsborough

16. BIRTHPLACE (city or town) Chestertown (State or country) Maryland

17. INFORMANT Hospital Records (Address) Chestertown

18. BURIAL, CREMATION, OR REMOVAL Place Quaker Neck Rd. Penn Date Sept 2, 1939

19. UNDERTAKER Ralph H. Ausilton Inc. (Address) By J.W.W. Chestertown, Md.

20. FILED Sept. 2, 1939. Alice R. Smale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 30, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1939, to Aug 30, 1939

I last saw him alive on Aug 30, 1939; death is said to have occurred on the date stated above, at 8 45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Died suddenly while under ether anaesthesia	8-30-39

Other Contributory Causes of importance:

Name of operation Circumcision - Tand a Date of 8-30-39

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Dick M. D.

(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Mr. Chestertown

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1939
BUREAU V. S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 201

CERTIFICATE OF DEATH

08060

1. PLACE OF DEATH:

(a) County Kent

(b) City or town Still Pond Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 3 d

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Kent

(c) City or town Still Pond (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Donald Richard Garrison

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) aug 1 1939

8. AGE: Years	Months	Days	If less than one day
—	—	3	— hr. — min.

9. Birthplace Still Pond Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Herman Wilmore

13. Birthplace Still Pond. Md.

MOTHER

14. Maiden Name Dorthy Garrison

15. Birthplace Germantown, Pa.

16 (a) Informant Herman Wilmore.

(b) Address Still Pond Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof aug 5 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cem.

Location Still Pond Md

18 (a) Funeral director B. R. Fellows

(b) Address Still Pond Md

19 (a) aug 5 1939 (Date rec'd by registrar) (b) J. N. Clark Registrar

MEDICAL CERTIFICATION

20. Date of death aug 4 1939 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to aug 4 1939 and that I last saw him alive on aug 4 1939.

Immediate cause of death	Duration
Umbilical Hemorrhage	
Due to unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature L. P. Arnold M. D. or other

Address Still Pond Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08061

(213-d)

1. PLACE OF DEATH

County Kent Registration Dist. No. 202

Village or City Tolchester Beach, Tolchester Md. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME LEO WOODROW GUICE If U.S. Veteran, specify WAR

(a) Residence: No. 1107 Bayard St., Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Guice

6. DATE OF BIRTH (month, day, and year): June 3 1917 (?)

7. AGE: Years 27 | Months 2 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Screening mill

10. Date deceased last worked at this occupation (month and year): 8-11-39

11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John Henry Guice

14. BIRTHPLACE (city or town) (State or country): ~~Balto~~ Parkersburg ~~Md.~~ W. Va.

MOTHER

15. MAIDEN NAME: Sottie Reynolds

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): John Henry Guice Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem. Balto. Md. Date: Aug 16, 1939

19. UNDERTAKER (Address): Ralph H. Walter Inc. J. Willis Wells Chestertown, Md

20. FILED: Aug. 15, 1939 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 ; death is said to have occurred on ~~the date stated above~~ 8-13-39, at 2 30 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Drowning	8-13-39

Other Contributory Causes of importance: Fell from fishing boat.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert W. Farr M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 8-15-39

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08062

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Kent Registration Dist. No. 223

Village or City Rock Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Casey Happersett If U. S. Veteran, specify WAR ...

(a) Residence: No. Rock Hall St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Happersett

6. DATE OF BIRTH (month, day, and year) Nov 19 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hall, Md

FATHER

13. NAME Hayward Ashley

14. BIRTHPLACE (city or town) (State or country) Rock Hall, Md

MOTHER

15. MAIDEN NAME Agnes Jenkins

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Howard Happersett Rock Hall Md

18. BURIAL, CREMATION, OR REMOVAL Place Bayley Chapel Date Aug. 22, 1939

19. UNDERTAKER (Address) Wm. A. Short Church Hill Md

20. FILED Aug 21, 1939 Wm. T. B. Dunning Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1938, to Aug 20, 1939

I last saw her alive on Aug 19, 1939; death is said to have occurred on the date stated above, at 1:45 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
chron Endo-Myocarditis	
decompensation	
Hypertension	
Brights Disease	

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

—

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Albert G. Burgard M. D.

(Address) Rock Hall, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08063

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Hunt

City or town (Near) Millington, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Hunt

City or town (Near) Millington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joan Delores Hensley

3. (b) Social Security Number

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age ~~16 hrs.~~ years

7. Birth date of deceased (mo., day, yr.) Aug. 27/39

8. AGE: Years | Months | Days | If less than one day 16 hrs. min.

9. Birthplace Millington, Hunt, Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Joseph Hensley

13. Birthplace Md

MOTHER 14. Maiden name Josephine Price

15. Birthplace Md

16. Informant Cora Johnson

Address Millington, Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof 8/28/39 (month) (day) (year)

Cemetery or crematory Chestnutt Cemetery

Location Hunt Co, Chestnutt, Md

18. Funeral director Joseph Price (Grandfather)

Address Millington, Md

19. 8/27 1939 (Date rec'd by registrar) M. Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 1939, at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 27 1939, to Aug. 27 1939, and that I last saw him alive on Aug 27 1939.

Immediate cause of death Premature Birth

DURATION 16 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Price M. D. or other

Address Millington, Md Date signed 8/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(159)

08064

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
County Kent
City or town (Mar) Millington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Kent
City or town Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Percell ~~[illegible]~~ Hensley.

3. (b) Social Security Number

4. Sex Male ~~Female~~
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 27/39
8. AGE: Years | Months | Days | If less than one day 2 hrs. min.
9. Birthplace Millington, Kent Co. Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Joseph Hensley
13. Birthplace Md
MOTHER 14. Maiden name Josephine Price
15. Birthplace Md.
16. Informant Cora Johnson
Address Millington, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 29/39 (month) (day) (year)
Cemetery or crematory Chestnut Hill Cemetery
Location Kent Co. Md
18. Funeral director Joseph Price (Beauchamp)
Address Millington, Md
19. 8/27 1939 (Date rec'd by registrar) M. Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 1939, at 3 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 27 1939, to Aug. 27 1939, and that I last saw him alive on Aug. 27/39 19
Immediate cause of death Premature Birth (2 hours) 7 months.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Merritt Price M. D. or other
Address Millington Md Date signed 8/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08065

MARGIN RESERVED FOR BINDING

N. B.—WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (97)

County Kent Registration Dist. No. 202

Village or City Millington, Md. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa A Hurtt If U. S. Veteran, specify WAR

(a) Residence: No. Millington St., Ward. Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Merritt Hurtt

6. DATE OF BIRTH (month, day, and year) Sept 14, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) 8-18-39 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Enoch Moffett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriett Price

16. BIRTHPLACE (city or town) (State or country) Cecil Co. Md

17. INFORMANT Mrs Katherine Jenkins (Address) Millington, Md

18. BURIAL, CREMATION, OR REMOVAL Place Millington Date Aug. 22, 1939

19. UNDERTAKER R. H. Griffin Son (Address) Chestertown, Md.

20. FILED Aug. 18, 1939 Merritt Price Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on ~~the date~~ stated above, at 5 00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
unknown — found dead in bed.	
Probable cause of death: Arteriosclerosis.	
Probable duration: twenty years.	
Other Contributary Causes of importence:	

Neme of operation ... Dete of ...

What test confirmed diegnosis? ... Was there an au'opsy? ...

23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? ... Dete of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ...

Neture of injury ...

24. Wes diseese or injury in any wey reieted to occupetion of deceased? ...

If so, specify ...

(Signed) Robert W. Jarr M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 201

122-a

CERTIFICATE OF DEATH

08066

1. PLACE OF DEATH:

(a) County Kent

(b) City or town Betterton mt
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., ~~mos., or days~~) 60 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Kent

(c) City or town Betterton and
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If ~~foreign born,~~ how long in U. S. A.? 60 years

3 (a) **FULL NAME** Thomas Henry Moore

3 (b) If veteran, ~~name war~~

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 ~~(a) Single, married,~~ widowed, or ~~divorced.~~ Widowed

6 (b) Name of ~~husband~~ or wife Mary Moore

6. (c) ~~If alive,~~ give age — years

7. Birth date of deceased (mo., day, yr.) Oct 28 1860

8. AGE: Years 78 | Months 7 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Thomas H Moore

FATHER 13. Birthplace Dorchester Co Md.

MOTHER 14. Maiden Name unknown

MOTHER 15. Birthplace unknown

16 (a) Informant Mrs Brumbley

(b) Address Betterton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 1939 (month) (day) (year)

(c) Cemetery or crematory Still Pond

Location Maryland

18 (a) Funeral director D R Fellows

(b) Address Still Pond Md

19 (a) Aug 25 1939 (Date rec'd by registrar) (b) J H Clark Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 22 1939 at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1939, to Aug 22 1939 and that I last saw him alive on Aug 20 1939

Immediate cause of death	Duration
Peritonitis	
Due to	
Due to	
Other conditions Ruptured Hernia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L P Aldwell
M. D. or other

Address Still Pond Date signed 8/25/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08067

1. PLACE OF DEATH

County Kent (202-g) Registration Dist. No. 202

Village or City Chestertown No. Kent & Upper Queen Anne Gen'l Hosp. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Augustus Sister Nickerson

(a) Residence: No. Synch, Md. St., Ward. Kent Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Mabel Nickerson

6. DATE OF BIRTH (month, day, and year) Jan 7, 1883

7. AGE	Years	Months	Days	If LESS then 1 day, ____ hrs. or ____ min.
	56	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) 8/16/39

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

FATHER

13. NAME Samuel Nickerson

14. BIRTHPLACE (city or town) (State or country) Unknown Kent Co.

MOTHER

15. MAIDEN NAME Martha Sister

16. BIRTHPLACE (city or town) (State or country) Kent County

17. INFORMANT (Address) Laura Mabel Nickerson Synch, Md.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Kennedyville Cem. Date Aug. 18, 1939

19. UNDERTAKER (Address) Marvin V. Williams Chestertown Md.

20. FILED Aug 17, 1939 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1939, to 8-16, 1939

I last saw him alive on 8-16, 1939; death is said to have occurred on the date stated above, at 12 35 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hemorrhage	8-16-39
Shock	8-16-39
Accidentally run over by a tractor on his farm.	8-16-39

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8-16, 1939

Where did injury occur? Synch, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Run over by a tractor

Nature of injury Hemorrhage, shock, probable inter trochanteric fracture of rt. femur

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Used tractor in farming operations

(Signed) Robert W. Faus M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(M)

08068

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(54d)

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent

City or town: (Near) Millington Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 4 months Hosp.

Stay in this community (yrs., or mos., or days): 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Kent

City or town: (Near) Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Kent Co.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Melvin H. Puckett

3. (b) Social Security Number: —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 14 – 1916

8. AGE: Years: 22 Months: 11 Days: 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Carroll Co., Virginia
(Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business: ✓

FATHER
12. Name: Miles Puckett
13. Birthplace: Va.

MOTHER
14. Maiden name: Fannie Webb.
15. Birthplace: Va.

16. Informant: Buck Puckett

Address: Millington Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Aug. 20/1939 (month) (day) (year)

Cemetery or crematory: Webb Cemetary.

Location: Carroll Co. Va.

18. Funeral director: Walton R. A. Co.

Address: Chestertown Md.

19. 8/18 1939 (Date rec'd by registrar) M. Bruce Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 18 1939, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 – 1938, to Aug. 18 1939, and that I last saw him alive on Aug. 17 – 1939.

Immediate cause of death: Coma

Due to: Tumor of Brain (Congenital. (Hopkins Hosp.)

Due to: Benign tumor of brain. C.W.G.R.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Tumor of Brain 3/10/39. Hopkins Hosp.

Of autopsy: (Unremovable)

DURATION: 6 days 1916

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Merritt Bruce M. D. or other

Address: Millington Date signed: 8/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 6 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (151)

CERTIFICATE OF DEATH

08069

Reg. Dist. No. 500

1. PLACE OF DEATH:
County Kent
City or town Chestnuttle (Millington RR #2)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 57 yrs. 6 mo 11 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestnuttle (Millington #2) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Millington RR #2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George H Sewell

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bessie Sewell
6(c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.): Feb. 2 1882
8. AGE: Years 57 Months 6 Days 11 If less than one day ___ hrs. ___ min.
9. Birthplace: Kennedyville Kent Co. Md. (Town, county, and state)
10. Usual occupation: Farm Laborer
11. Industry or business: Farm
FATHER
12. Name: Henry Sewell
13. Birthplace: Unknown
MOTHER
14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Mrs Bessie Sewell
Address: Millington R.R. #2
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 16 39 (month) (day) (year)
Cemetery or ~~crematory~~ Still Pond
Location: Still Pond Kent Co.
18. Funeral director: Marvin C. Williams
Address: Chestnuttle Md.
19. Aug. 16 1939 (Date rec'd by registrar) Merrill Brice Registrar Deptg Local

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1939, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 20 1938, to Aug 12 1939, and that I last saw him alive on Aug. 12 1939.
Immediate cause of death: Chronic Brights
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. P. Strong M.D. M. D. or other
Address Millington, Md. Date signed 8-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1939
BUREAU V. S.

08070

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Kent Registration Dist. No. 200

Village or City Millington No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Infant. Spencer

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Singles

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Still Months Birth Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Millington (State or country)

FATHER

13. NAME Elwood Spencer

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Marion Gripper

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Elwood Spencer (Address) Galt, Kent Co Md.

18. BURIAL, CREMATION, OR REMOVAL Place Burial, Rodney Nole Date Aug 18, 1939

19. UNDERTAKER Father, Elwood Spencer (Address) Millington Md

20. FILED Aug 18, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 17 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1939, to Aug 17, 1939

I last saw her alive on Aug 17, 1939; death is said to have occurred on the date stated above, at 4:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Strangulation

Date of onset

Other Contributory Causes of Importance: Placenta Previa

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) J. W. Stack M. D.

(Address) Crumpton

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08071

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (8)

County Kent WITHIN CORPORATE LIMITS OF Registration Dist. No. 202

Village or City Chestertown No. Kent + Upper Queen Anne St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby girl ~~Wilton~~ Wilton If U.S. Veteran specify WAR

(a) Residence: No. St., Ward. Rock Hall, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF ~~BIRTH~~ (month, day, and year) still born 8-27-39

7. AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or 0 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. still born

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chestertown
(State or country) Md

FATHER

13. NAME Joseph Wilton

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Miriam Walbert

16. BIRTHPLACE (city or town) Rock Hall
(State or country) Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Hall Md. Date Aug. 27, 1939

19. ~~UNDERTAKER~~
(Address) Joseph Wilton, Father Rock Hall, Md.

20. FILED Aug. 27, 1939 Alice C. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8-27-39, 19, to 8-27-39, 19

I last saw her ~~alive~~ still born, 19; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Placenta praevia	8-26-39

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Dick M. D.

(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

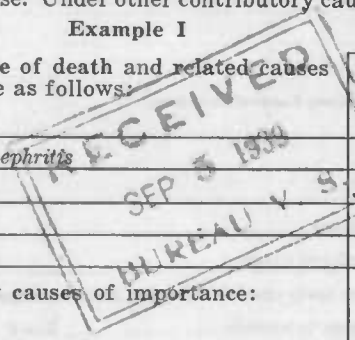
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08072

Reg. Dist. No. 123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent County
City or town: Edesville (P.O. Rock Hall)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Edesville (P.O. Rock Hall) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Edesville near Rock Hall
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alice Louise Williams

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 18, 1927

8. AGE: Years: 12 Months: Days: 25 If less than one day: hrs. min.

9. Birthplace: Edesville, Kent County, Md.
(Town, county, and state)

10. Usual occupation: school

11. Industry or business: none

FATHER
12. Name: Perry Miller Williams
13. Birthplace: Rock Hall, Md.

MOTHER
14. Maiden name: Blanche Wickes
15. Birthplace: Rock Hall, Md.

16. Informant: Harrison Wickes Williams
Address: Edesville (Rock Hall P.O)

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 14 - 1939 (month) (day) (year)
Cemetery or ~~crematory~~: Edesville
Location: Edesville.

18. Funeral director: Asbury Lawn
Address: Chestertown

19. Aug 14 1939 (Date rec'd by registrar) Mrs. T. B. Dunding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 12th 1939, at 5-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1939, to Aug 12 1939, and that I last saw her alive on Friday Aug 11th. 4 P.M. 1939.

Immediate cause of death: Advanced Pulmonary Tuberculosis (adult type) — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: A. F. Whitsitt, M.D.
M. D. or other
Address: Chestertown, Md. Date signed

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AUG 24 1939
BUREAU V. P.